

# Wisconsin Prevailing Wage Rate Complaint

Personal information you provide may be used for secondary purposes. (See Section 15.04(1)(m), Wisconsin Statutes for details.)

This form **must** be used to file **any** complaint regarding an alleged violation of Sections 66.0903 or 103.49, Wisconsin Statutes, or Chapter DWD 290 of the Wisconsin Administrative Code.

The filing of this form does not require this department to conduct an investigation to determine the validity of your complaint. It is the complainant's responsibility to provide proof of the validity of his/her complaint.

Any form that is not properly completed will be returned to the complainant. Enclose a separate sheet of paper if you need additional space.

Return ALL completed forms and evidence to:

**Equal Rights Division, Labor Standards Bureau, P O Box 8928 Madison WI 53708.**

**Please type or print all information.**

## [1] Complainant Information:

Name	Social Security or Fein Number (optional)
Mailing Address	City, State, Zip Code
Home Telephone	Work Telephone

## [2] Employer Information:

Business Name	Owner Name
Mailing Address	Telephone Number
City, State, Zip Code	County

## [3] Detailed Complainant Information:

I am a ☐ Current Employee ☐ Former Employee ☐ State or Municipal Official ☐ Other

☐ Union representative (If you are a union representative, do you presently represent any of the employees that work for the employer indicated above?) ☐ Yes ☐ No

Has the employer filed bankruptcy? ☐ Yes ☐ No

Is the employer still in business? ☐ Yes ☐ No

Have you retained an attorney to resolve this matter? ☐ Yes ☐ No

If the **complainant** indicated in (1) above has **never** been employed by the **employer** indicated in (2), the complainant **must** provide the name, address and telephone number of an allegedly aggrieved employee and **must** complete the remainder of this form to the best of his/her ability before this complaint will be investigated. Under these circumstances a complaint will only be investigated for the allegedly aggrieved employee indicated below. A separate form must be completed for **each** allegedly aggrieved employee.

Name	Social Security Number
Mailing Address	City, State, Zip Code
Home Telephone	Work Telephone

**[4] Alleged Violations:** Check the appropriate boxes and briefly explain the nature of the wage and hour violation(s) allegedly committed by the employer. Only those violations checked will be investigated:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Straight Time  | <input type="checkbox"/> Travel Time    | <input type="checkbox"/> Improper Classification          | <input type="checkbox"/> Weekly Overtime               |
| <input type="checkbox"/> Banked Hours   | <input type="checkbox"/> Kickback       | <input type="checkbox"/> Saturday/Sunday/Holiday Overtime | <input type="checkbox"/> Fringe Benefits               |
| <input type="checkbox"/> Retaliation    | <input type="checkbox"/> Improper Ratio | <input type="checkbox"/> Wages Owed Over 30 Days          | <input type="checkbox"/> Apprenticeship                |
| <input type="checkbox"/> Payroll Record | <input type="checkbox"/> Daily Overtime | <input type="checkbox"/> Did Not Receive Last Paycheck    | <input type="checkbox"/> Illegal/Non-listed Deductions |

**You must complete page 2 of this form.**

**[5] Allegedly Aggrieved Employee Data:**

Date Employment Began with Employer	Date Employment Ended (If a former employee)
Normal Trade/Occupation	Normal Rate of Pay \$ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Week
Apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Indentured

Does your employer normally provide you with ANY fringe benefits, such as health insurance, pension, paid vacation, profit sharing, IRA, etc.?  
☐ Yes ☐ No

If yes, did the employer pay the entire cost of such benefits?  
☐ Yes ☐ No

If yes, indicate below the specific fringe benefits provided.  
☐ Yes ☐ No

**[6] Project Information:** Please enter the following information for ONLY the PUBLIC WORKS project(s) on which the employer allegedly committed the previously indicated violation(s). If project information is not entered, no investigation will be conducted.

Name of Project Location Determination Number


Describe **both** the work you performed **and date(s)** you worked **on the above named project(s)**


What trade/occupation did you perform on these public works projects? \_\_\_\_\_

Do you have any prior experience in this trade/occupation while working for a different employer? ☐ Yes ☐ No

If yes, how many years? \_\_\_\_\_

How much were you paid per hour on the project(s) named above? \$ \_\_\_\_\_

Did you ever work any overtime? ☐ Yes ☐ No

Did you receive your regular fringe benefits? ☐ Yes ☐ No

Were any hours "banked" for use at a future date? ☐ Yes ☐ No

Did you keep any records of the hours you worked? ☐ Yes ☐ No If yes, send them with this form.

Did you keep your check stubs? ☐ Yes ☐ No If yes, send them with this form.

**[7] Calculations:**

Do you owe your employer any money? ☐ Yes ☐ No

If yes, how much and for what? \_\_\_\_\_

Did you ask your employer for your back wages? ☐ Yes ☐ No If yes, when did you ask? \_\_\_\_\_

How much do you believe the employer owes you? \$\_\_\_\_\_ Indicate how you arrived at this amount.


The statements and information provided above are true to the best of my knowledge. I understand that it is my responsibility to prove the alleged violation(s) indicated and that: (1) this complaint is an open record under the provisions of Wisconsin's Open Records Law and a copy of it will be provided to the employer; (2) Section 111.322(2m), Wisconsin Statutes, prohibits retaliation against an employee by an employer for most labor standards complaints filed with this department; and, (3) if the employer is found to be in compliance with all applicable labor standards regulations, I agree to pay the DWD the actual cost of the investigation or, as a third party complainant, a MINIMUM OF \$250, or the actual cost of the investigation, whichever is greater.

Complainant Signature	Title (Optional)	Organization You Represent, if any	Date Signed